

# Los Angeles County Sheriff's Department

## Supervisor's Report on Use of Force

Page 1 of 4

### Incident Information

URN:	406-14662-2619-051 <u>2180549</u>	Date:	08-10-06	Time:	0115 Hrs
Location:	[Redacted] Fantasy Street				
City or Station:	Palmdale				
Bureau/Station/Facility:	FOR I / Palmdale Station		Admin. Investigation: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		

### Employee Witnesses

Emp. #	Last Name	First Name	Middle Name
[Redacted]	Gaunt	Daryl	
[Redacted]	Pickett	William	
[Redacted]	[Redacted]	[Redacted]	

### Non-Employee Witnesses

Last Name	First Name	Middle Name	Age	D.O.B.
Street Address	City	Zip Code	Work Ph.	Home Ph.
Last Name	First Name	Middle Name	Age	D.O.B.
Street Address	City	Zip Code	Work Ph.	Home Ph.
Last Name	First Name	Middle Name	Age	D.O.B.
Street Address	City	Zip Code	Work Ph.	Home Ph.

### On Duty Supervisor

Emp. #	Last Name	First Name	Middle Name	Rank	Present	Witness to Incident
[Redacted]	Shannon	Thomas		Sgt.	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
[Redacted]					YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

### Watch Sergeant

Emp. #	Last Name	First Name	Middle Name
[Redacted]	Gunn	Anthony	

### Watch Commander

Emp. #	Last Name	First Name	Middle Name
[Redacted]	Furmanski	David	

Watch Commander's Signature: \_\_\_\_\_ Lt. David Furmanski Emp #: [Redacted]

Copy Provided to Employee by: \_\_\_\_\_ Emp #: \_\_\_\_\_

Supervisor Completing Form: \_\_\_\_\_ Sgt. Thomas Shannon Emp #: [Redacted]  
(Print)

Unit Commanders Signature: [Signature] Emp #: [Redacted] Date Signed: 9-26-06

PSTD Use Only
FO# <u>2180549</u>

See Reverse

Original: Unit Commander  
Copy: P.S.T.D. Headquarters, Employee

BR 9.28.06

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## Method

(AW) Arwen	(FH) Firearm (Handgun)	(PO) Personal Weapon (Other)
(BC) Baton: (Control)	(FR) Firearm (Rifle)	(RS) Resistance
(BI) Baton: (Impact)	(FS) Firearm (Shotgun)	(CN) Restraint Device (Capture Net)
(BF) Bodily Fluids	(FO) Firearm (Other)	(RH) Restraint Device (Handcuffs)
(CN) Canine	(FB) Flashbang	(HB) Restraint Device: Hobble (Legs Only)
(CR) Carotid Restraint	(FL) Flashlight	(TP) Restraint Device: Hobble (TARP)
(CH) Choke Hold	(OE) Other Weapon: Edged	(RE) Restraint Device: REACT Belt
(CT) Control Holds: (Control Techniques)	(OV) Other Weapon: Vehicle	(SP) Sap
(TT) Control Holds: (Team Takedown)	(OB) Other Weapon: Blunt Object	(SH) Shield
(TD) Control Holds: (Takedown)	(OO) Other Weapon: Other	(SG) 37mm Stinger
(CE) Chemical	(PK) Personal Weapon: Feet/Leg: (Kick)	(SB) Sting Ball
(OC) Chemical Agents (OC Spray)	(PS) Personal Weapon: Feet/Leg: (Sweep)	(ST) Stun Bag
(TG) Chemical Agents (Tear Gas)	(PH) Personal Weapon (Hand/Arm)	(TR) Taser
(EX) Explosives	(PP) Personal Weapon (Push)	(UC) Uncooperative

### Type of Injury

(AB) Abrasion	(DB) Dog Bite	(PA) Paralysis
(BR) Bruise	(FR) Fractures	(PW) Puncture Wound
(BU) Burn	(GS) Gunshot	(SD) Soft Tissue Damage
(CP) Complaint of Pain	(HB) Human Bite	(ST) Sprain/Twists
(CO) Concussion	(LC) Lacerations	(UN) Unconscious
(DH) Death	(ND) Nerve Damage	(RM) Refused Med Treatment
(DI) Dislocation	(OD) Organ Damage	(NN) NONE

**Body Part Injured**

(AD) Abdomen	(FA) Face	(HI) Hip
(AK) Ankle	(FE) Feet	(IN) Internal
(AR) Arm	(FI) Fingers	(KN) Knees
(BK) Back	(GE) Genitals	(LE) Leg
(BT) Buttocks	(GR) Groin	(NK) Neck
(CH) Chest	(HD) Hands	(NO) Nose
(EL) Elbow	(HE) Head	(SH) Shoulder
		(WR) Wrist

**FORCE APPLIED**

**(Only One Code Per Block)**

[illegible]

# Supervisor's Report on Use of Force INVOLVED EMPLOYEE INFORMATION

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Involved Employee									
<b>E1</b>	Employee #	Last Name	First Name		Middle Name				
		Wilkinson	Steve						
	Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Race: W	Unit of Assignment: SEB/CSD		Work Assignment (Unit #, Module, etc.): 240K96				
	Shift: <input type="checkbox"/> EM <input type="checkbox"/> Day <input checked="" type="checkbox"/> PM	<input checked="" type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty		Age: 603	Height: 275				
	Medical Exam/Treatment <input type="checkbox"/> If Admitted, Name of Hospital:		Coroner Case #		Directed Force <input type="checkbox"/> Significant Force <input checked="" type="checkbox"/>				
<b>E2</b>	Employee #	Last Name	First Name		Middle Name				
	Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Race: W	Unit of Assignment: Palmdale OSS		Work Assignment (Unit #, Module, etc.):				
	Shift: <input type="checkbox"/> EM <input type="checkbox"/> Day <input checked="" type="checkbox"/> PM	<input checked="" type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty		Age:	Height:	Weight:			
	Medical Exam/Treatment <input type="checkbox"/> If Admitted, Name of Hospital:		Coroner Case#		Directed Force <input type="checkbox"/> Significant Force <input checked="" type="checkbox"/>				
<b>E</b>	Employee #	Last Name	First Name		Middle Name				
	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race:	Unit of Assignment:		Work Assignment (Unit #, Module, etc.):				
	Shift: <input type="checkbox"/> EM <input type="checkbox"/> Day <input type="checkbox"/> PM	<input type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty		Age:	Height:	Weight:			
	Medical Exam/Treatment <input type="checkbox"/> If Admitted, Name of Hospital:		Coroner Case#		Directed Force <input type="checkbox"/> Significant Force <input type="checkbox"/>				
<b>E</b>	Employee #	Last Name	First Name		Middle Name				
	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race:	Unit of Assignment:		Work Assignment (Unit #, Module, etc.):				
	Shift: <input type="checkbox"/> EM <input type="checkbox"/> Day <input type="checkbox"/> PM	<input type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty		Age:	Height:	Weight:			
	Medical Exam/Treatment <input type="checkbox"/> If Admitted, Name of Hospital:		Coroner Case#		Directed Force <input type="checkbox"/> Significant Force <input type="checkbox"/>				
<b>E</b>	Employee #	Last Name	First Name		Middle Name				
	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race:	Unit of Assignment:		Work Assignment (Unit #, Module, etc.):				
	Shift: <input type="checkbox"/> EM <input type="checkbox"/> Day <input type="checkbox"/> PM	<input type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty		Age:	Height:	Weight:			
	Medical Exam/Treatment <input type="checkbox"/> If Admitted, Name of Hospital:		Coroner Case#		Directed Force <input type="checkbox"/> Significant Force <input type="checkbox"/>				
<b>E</b>	Employee #	Last Name	First Name		Middle Name				
	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race:	Unit of Assignment:		Work Assignment (Unit #, Module, etc.):				
	Shift: <input type="checkbox"/> EM <input type="checkbox"/> Day <input type="checkbox"/> PM	<input type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty		Age:	Height:	Weight:			
	Medical Exam/Treatment <input type="checkbox"/> If Admitted, Name of Hospital:		Coroner Case#		Directed Force <input type="checkbox"/> Significant Force <input type="checkbox"/>				

# Supervisor's Report on Use of Force

## SUSPECT INFORMATION

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Suspect Information									
S1	Last Name		Nungaray		First Name		Santiago		Middle Name
	AKA Last Name				First Name				Middle Name
	Sex:		Race:		Street Address:		City:		State & Zip Code:
	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		H						
	Work Phone:		Home Phone:		Age:		Height:		D.O.B.
					18		600		07-20-88
									Weight:
									160
									Armed?
									<input checked="" type="checkbox"/>
Booking #: 9158-975 Primary Charge: 245 PC Secondary Charge: Criminal History									
Hospital Admission? <input checked="" type="checkbox"/> Rec'd Treatment At: Antelope Valley Hospital Coroner Case#: Mental History <input type="checkbox"/>									
Under Influence: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Substance: Methamphetamine Photos of Suspect's Injuries <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO									
Suspect Interview									
Date: 08-10-06 Time: 0317 Hrs Audiotape: <input type="checkbox"/> Videotape: <input checked="" type="checkbox"/>									
Suspect Information									
S	Last Name				First Name				Middle Name
	AKA Last Name				First Name				Middle Name
	Sex:		Race:		Street Address:		City:		State & Zip Code:
	<input type="checkbox"/> Male <input type="checkbox"/> Female								
	Work Phone:		Home Phone:		Age:		Height:		D.O.B.
									Weight:
									Armed?
									<input type="checkbox"/>
Booking #: Primary Charge: Secondary Charge: Criminal History <input type="checkbox"/>									
Hospital Admission? <input type="checkbox"/> Rec'd Treatment At: Coroner Case#: Mental History <input type="checkbox"/>									
Under Influence: <input type="checkbox"/> YES <input type="checkbox"/> NO Substance: Photos of Suspect's Injuries <input type="checkbox"/> YES <input type="checkbox"/> NO									
Suspect Interview									
Date: Time: Audiotape: <input type="checkbox"/> Videotape: <input type="checkbox"/>									
Suspect Information									
S	Last Name				First Name				Middle Name
	AKA Last Name				First Name				Middle Name
	Sex:		Race:		Street Address:		City:		State & Zip Code:
	<input type="checkbox"/> Male <input type="checkbox"/> Female								
	Work Phone:		Home Phone:		Age:		Height:		D.O.B.
									Weight:
									Armed?
									<input type="checkbox"/>
Booking #: Primary Charge: Secondary Charge: Criminal History <input type="checkbox"/>									
Hospital Admission? <input type="checkbox"/> Rec'd Treatment At: Coroner Case#: Mental History <input type="checkbox"/>									
Under Influence: <input type="checkbox"/> YES <input type="checkbox"/> NO Substance: Photos of Suspect's Injuries <input type="checkbox"/> YES <input type="checkbox"/> NO									
Suspect Interview									
Date: Time: Audiotape: <input type="checkbox"/> Videotape: <input type="checkbox"/>									

# SPECIAL ENFORCEMENT BUREAU

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☐ Additional reports attached.

## Canine Services Detail

Los Angeles County Sheriff's Department

### Canine Deployment - Supervisor's Report

Date: 08-10-06

F.O.R. I STATION: Palmdale U.R.N. 406-14662-2619-051 TIME: 0115 Hrs

INCIDENT LOCATION: █████ Fantasy Street, Palmdale PPI # 2180549

TYPE OF SEARCH: ☒ AREA ☐ BUILDING ☐ OTHER (explain) \_\_\_\_\_

TYPE OF INCIDENT: ☒ BITE ☐ OTHER (explain) \_\_\_\_\_

BITE OCCURRED WHILE: ☐ APPREHENDING SUSPECT ☒ CONDUCTING SEARCH

☐ PROTECTING HANDLER ☐ OTHER (explain) \_\_\_\_\_

CANINE HANDLER: Wilkinson Steve CANINE: "Joop"  
LAST FIRST M.I. NAME

ASSISTING HANDLER/DEPUTY: Gaunt Daryl / █████ 240K94  
LAST FIRST M.I. EMP.# UNIT  
Pickett William / █████ OSS  
LAST FIRST M.I. EMP.# UNIT

CANINE ANNOUNCEMENTS MADE?: YES ☒ NO ☐ BY: ☐ AERO ☒ RADIO CAR ☒ ENGLISH  
☒ SPANISH ☒ RECORDED

IF NONE, EXPLAIN: \_\_\_\_\_

ANNOUNCEMENT MADE BY: Deputy Daryl Gaunt █████  
NAME EMP.#

**INJURED PERSONS:** Number of persons injured? 1 (Attach additional sheets if necessary)

**INJURED PERSON #1** Nungaray Santiago N.I.P. IN CUSTODY? ☒  
LAST FIRST M.I. CDL / OTHER I.D.

SEX: M RACE: H AGE: 18 D.O.B.: 07-20-88 HT. 600 WT. 120 EYES: BRO HAIR: BRO

HOME ADDRESS: █████ █████ █████ █████ █████ █████ █████ █████ █████ █████  
Number Street City Zip PHONE NO.: █████

WORK ADDRESS: █████ █████ █████ █████ █████ █████ █████ █████ █████ █████  
Number Street City Zip PHONE NO.: █████

MEDICAL TREATMENT: ☒ PARAMEDICS ☒ HOSPITAL E.R. (HOSPITAL NAME) Antelope Valley Hospital  
PARAMEDIC L.A.C.F. Eng. Co. #24, Capt. Holt (HOSPITAL ADDRESS) 1600 West Avenue J  
Agency Unit # (HOSPITAL PH.No.) 661 949-5115  
 Admits hearing announcement? ☒ YES ☐ NO (Doctors Name) Dr. Gertz / Dr. Bermani

**INJURED PERSON #2** \_\_\_\_\_ IN CUSTODY? ☐

LAST FIRST M.I. CDL / OTHER I.D.  
 SEX: \_\_\_\_\_ RACE: \_\_\_\_\_ AGE: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ HT. \_\_\_\_\_ WT. \_\_\_\_\_ EYES: \_\_\_\_\_ HAIR: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_  
Number Street City Zip

WORK ADDRESS: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_  
Number Street City Zip

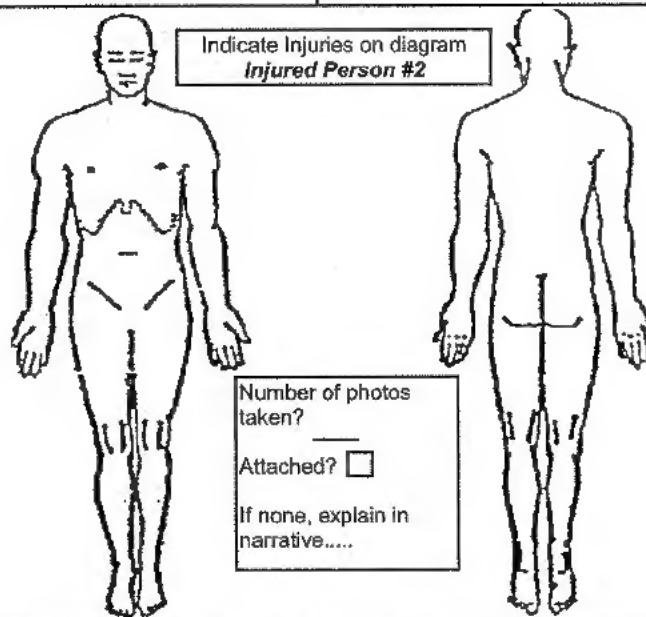
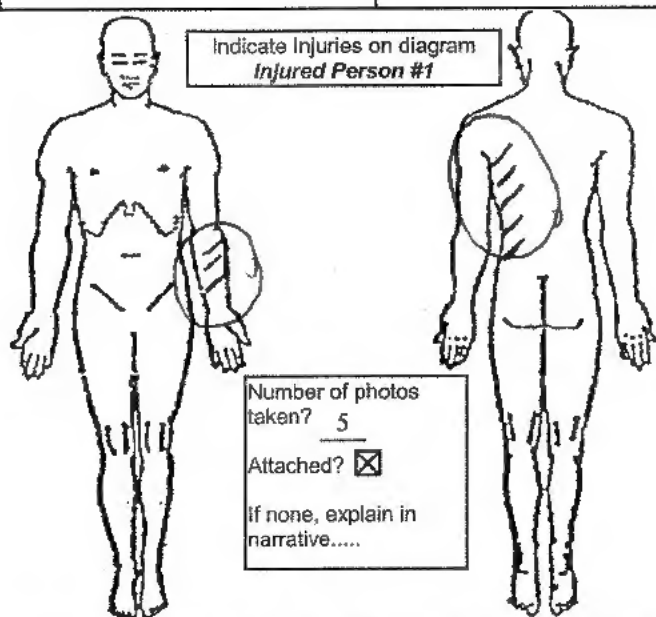
MEDICAL TREATMENT: ☐ PARAMEDICS ☐ HOSPITAL E.R. (HOSPITAL NAME) \_\_\_\_\_  
PARAMEDIC \_\_\_\_\_ (HOSPITAL ADDRESS) \_\_\_\_\_  
Agency Unit # (HOSPITAL PH.No.) \_\_\_\_\_  
 Admits hearing announcement? ☐ YES ☐ NO (Doctors Name) \_\_\_\_\_

REPORT SUBMITTED BY: Sgt. Thomas Shannon #019976

REPORT REVIEWED BY: Lt. David Furmansk #031143



INJURED PERSON #1		INJURED PERSON #2	
Describe area of bite and injuries.	Describe injuries not associated with bite.	Describe area of bite and injuries.	Describe injuries not associated with bite.
Canine rakes on back.	Taser dart punctures on left chest and right abdomen.		
Canine punctures and canine tear on left inner forearm.			

WITNESSES: Number of Witnesses: 3

(Attach additional sheets if necessary)

**WITNESS #1** See Page 4

SEX: \_\_\_\_\_ RACE: \_\_\_\_\_ AGE: \_\_\_\_\_  
 LAST FIRST M.I. CDL / OTHER I.D.  
 HOME ADDRESS: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_  
 Number Street City Zip  
 WORK ADDRESS: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_  
 Number Street City Zip  
 Brief explanation of what witness saw/heard:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**WITNESS #2**

SEX: \_\_\_\_\_ RACE: \_\_\_\_\_ AGE: \_\_\_\_\_  
 LAST FIRST M.I. CDL / OTHER I.D.  
 HOME ADDRESS: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_  
 Number Street City Zip  
 WORK ADDRESS: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_  
 Number Street City Zip  
 Brief explanation of what witness saw/heard:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**WITNESS #3**

SEX: \_\_\_\_\_ RACE: \_\_\_\_\_ AGE: \_\_\_\_\_  
 LAST FIRST M.I. CDL / OTHER I.D.  
 HOME ADDRESS: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_  
 Number Street City Zip  
 WORK ADDRESS: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_  
 Number Street City Zip  
 Brief explanation of what witness saw/heard:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

On Thursday, August 10, 2006, Canine Services Detail deputies responded to a request from Palmdale Station regarding an area search for an assault with a deadly weapon suspect. Canine Services personnel were briefed by Palmdale Station deputies who related the following:

Deputies Huntley # [REDACTED] and Knott # [REDACTED] (Unit 261/EM) were involved in a vehicle pursuit of the wanted vehicle. The suspects crashed and a male Hispanic fled the vehicle on foot into a residential neighborhood. The remaining suspects were arrested at the scene of the crash. During the pursuit, a sawed off rifle was thrown out of the suspect vehicle. At the conclusion of the pursuit, an additional handgun was recovered in the suspect vehicle. The suspects had been involved in a "drive by" shooting utilizing this vehicle and the outstanding suspect was wanted for this crime.

I, Canine Services Detail Sergeant Thomas Shannon # [REDACTED], authorized the deployment of the canine to locate the outstanding suspect, later identified as Suspect Nungaray. This decision was based on the fact that this suspect was evading arrest after committing a serious felony involving firearms and was a danger to the residential neighborhood as well as the deputies that would be searching for him. It would be safer to use a police service dog to locate this suspect based on the above circumstances.

Canine Deputy Gaunt # [REDACTED] conducted announcements in both English and Spanish via the public address system in his radio car. These announcements were made directly in front of [REDACTED] Fantasy Street because the resident at that location reported hearing noises in his back yard. This location was in a direct line of travel from where the suspect was last seen running from the suspect vehicle.

While making these announcements, Air 29 (aero unit) advised that he was getting a heat signature from a trash can in the back yard of the residence. After Deputy Gaunt finished his pre-recorded canine announcements, he gave verbal warnings at the side of the residence. He also had his police dog bark over the P.A. system to prove to the suspect that he did, in fact, have a police dog and was about to deploy him. These announcements continued for approximately 15 minutes with no response from the suspect. The announcements afforded the suspect an opportunity to surrender prior to a police service dog being deployed.

A search team was assembled by Deputy Wilkinson with his canine, "Joop." The search team consisted of Canine Services Deputy Gaunt with Palmdale OSS Deputies Watters # [REDACTED], [REDACTED] # [REDACTED], Pickett # [REDACTED], Dollens # [REDACTED], and Morgan # [REDACTED]. The team took a position of cover at the side gate and gained access to the back yard. Deputy Wilkinson conducted additional verbal canine warnings into the back yard. He could see the trash can that the suspect was believed to be hiding in and there was no response by the suspect.

Deputy Wilkinson deployed his canine "Joop" to verify that the heat source was of human origin. He directed his canine to search the area of the trash cans. After a few minutes, "Joop" settled next to a gray trash can and began barking. This was an indication that he was alerting to the presence of human scent. Deputy Wilkinson confirmed with Air 29 that this was the trash can that they had received the heat signature from. Deputy Wilkinson recalled his canine and placed him on leash.

Deputy Wilkinson advised his search team that he was going to call the suspect out of the trash can and Deputy [REDACTED] was assigned to deploy less lethal force (Taser) if the situation warranted it. After numerous orders for the suspect to stand up with his hands in the air, the lid of the can began to rise very slowly. The suspect placed his hands out of the can and began to stand up. The suspect dropped his hands below the trash can and out of the deputies' view. Fearing that the suspect may be reaching for a weapon, Deputy [REDACTED] deployed the Taser, striking the suspect in the chest. The suspect jumped out of the trash can and landed on the ground behind the other trash cans.

Deputy Wilkinson could not see if the suspect was armed and yelled for him to place his hands where he could see them. The suspect did not comply and it appeared he was attempting to stand up and flee again. Deputy Wilkinson was also fearful that this suspect was possibly still armed with a firearm. Fearing for the deputy's safety, Deputy Wilkinson directed his canine to bite the suspect. The canine made contact with the suspect and bit him on the left arm. The suspect was jerking his left arm back and forth in an attempt to get the dog to release the hold. Deputy Wilkinson yelled at the suspect to place his hands in plain view and the suspect complied. Deputy Wilkinson took hold of the leash and ordered "Joop" to release his bite. The suspect was taken into custody by Deputy Pickett without further incident.

The canine was approximately 15 feet away from Deputy Wilkinson at the time of contact with the suspect and the bite was approximately 10 seconds in duration. LA County Fire Engine Company #24 under the direction of Captain Holt responded to our location and treated the suspect for several canine punctures and a canine tear to his left arm. The suspect was transported to Antelope Valley Hospital where he was admitted by Doctor Bermani due to possible arterial damage to his left arm.

## INTERVIEWS

Deputy Gaunt contacted [REDACTED] (MW, [REDACTED], [REDACTED]) at his residence. He told Deputy Gaunt that he heard the canine announcements in English and Spanish while inside his home.

Deputy Gaunt contacted [REDACTED] who is the [REDACTED] of Mr. [REDACTED]. She also stated that she heard the canine announcements both in English and Spanish from inside her home. She said that the announcements were advising the suspect that he would not be harmed and that the police were using a dog to find him.



Deputy Gaunt contacted [REDACTED] (MW/[REDACTED]) [REDACTED] at his residence. Mr. [REDACTED] said that he could clearly hear the canine announcements both in English and Spanish. He also heard the secondary verbal warnings by Deputy Wilkinson stating for the suspect to come out now, with his hands up.

### **SUSPECT STATEMENTS**

I conducted an interview of Suspect Nungaray in the emergency room of Antelope Valley Hospital at approximately 0317 hours. The interview was recorded on videotape.

Suspect Nungaray stated that he was hiding from the police and heard the canine announcements in English and Spanish over a PA system. When asked why he didn't come out, the suspect said that he was already hiding. When asked why he hid from the police, the suspect said that he freaked out and ran from the police. The suspect said that he was cruising and heard some shots fired so he started running into the desert. He said that he knew where he was because he went to school in the area. The suspect said that he hid in a trash can and heard the deputy tell him to come out. He said he stayed in the trash can because he was scared. He also knew that the deputies had a dog. He finally came out of the trash can and put his hands up and stood still. He said that he was "tased" and then bitten by the dog. The suspect told me that he had used methamphetamine a few hours before the incident.

It should be noted that the suspect admitted to Deputy Wilkinson at the scene on Fantasy Street, that he heard the canine announcements. He also said that he panicked and was running from the police and thought that he could get away. The suspect said that he did not want to go to jail. He also said that he had used a lot of methamphetamine prior to this incident.

### **CONCLUSION**

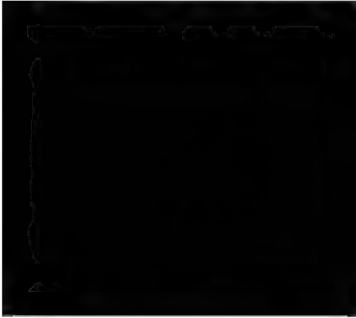
The outcome of this incident was a direct result of Suspect Nungaray's actions. The injuries he sustained were the result of his unwillingness to surrender. The taped announcements were played less than sixty feet from where he was hiding and verbal announcements were made within twenty feet of where he was hiding.

Deputy Wilkinson's canine "Joop" performed extremely well by locating and placing a bite hold on Suspect Nungaray despite the fact he was hiding behind trash cans and not complying with orders. If the suspect had simply given up as directed, he would not have sustained any bites, but he chose not to.

If a search team had been forced to search without a canine, they would have been exposed to serious risk. Deploying with the canine proved to be an effective tool to apprehend a very dangerous felony suspect.

**CHARGES**

Suspect Nungaray was charged with Assault with a Deadly Weapon 245 (a) (2) PC, Assault with a Deadly Weapon on a Peace Officer 245 © PC, and Shooting at an Inhabited Dwelling 246 PC.



**NOTIFICATIONS**

The following personnel were notified regarding the incident:

Lieutenant Dave Furmanski, Special Enforcement Bureau  
Captain Thomas Spencer, Special Enforcement Bureau  
Lieutenant Curtis Jensen, Internal Affairs Bureau  
Chief Sandra Hutchens, Office of Homeland Security

**SUBMITTED**

Canine Deployment Supervisor's Report  
Canine Handler Supplemental Report  
Supervisors Report on Use of Force  
Photographs of location  
Photographs of suspect  
Crime Report (1)  
Supplemental Reports (5)  
Booking Slip  
Watch Commanders Log  
In-Service  
Video Tape (1)  
Digital Disk (1)